

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY OF WAUSAU TERRACE COURT (0008864)

Address: 3402 TERRACE COURT, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 06/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096521 **End Date:** 02/21/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093673 **End Date:** 11/08/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092947 **End Date:** 07/06/2004 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009302 Served 07/23/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(a)	PARTIES TO BE NOTIFIED	02/21/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/21/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0092664 End Date: 04/30/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009277 Served 06/07/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	02/21/2006	Yes

Survey ID: 0091928 End Date: 01/21/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090846 End Date: 08/05/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090747 End Date: 06/23/2003 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005200 Served 08/08/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(a)	INFECTION CONTROL PROGRAM	01/21/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	01/21/2004	Yes
83.19(3)	INCIDENTS	01/21/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/21/2004	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	01/21/2004	Yes
83.33(3)(a)	MEDICATIONS	01/21/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/17/2004

Date Investigation Completed: 11/08/2004

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/10/2003

Date Investigation Completed: 01/21/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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